

PTØ/SB/01

Approved for use through 9/30/00.OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	FOR UT	ILITY OR	Attorne	orney Docket Number		14912.817					
DESIGN				amed Inventor	r S	Steven C. Selbrede					
PATENT A	ΓΙΟΝ	COMPLETE IF KNOWN									
(37 CI		Applica	ation Number	09	9/896,283						
Declaration Submitted with Initial Filing	□ Decla Subm	ration itted after Initial	Filing [Date	06	6/29/2001					
		(surcharge FR 1.16(e))	Group	Art Unit	Ur	nassigned					
Filing	requir		Examiner Name			nassigned					
<u>m </u>											
Asia below named Inventor, I hereby declare that:											
residence, post office address, and citizenship are as stated below next to my name.											
	believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
The state of the s											
Systems and Methods for Remote Plasma Clean											
(Title of the Invention)											
the specification of which is attached hereto OR											
Application Number 09/896,283 and was amended on (MM/DD/YYYY) [(if applicable).											
I hereby state that I have			contents	of the above ide	ntified speci	fication, including	the claims, as				
amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.											
	isclose illioimi	ation which is mate		entablity as define	eu iii 37 CFF	(1.56.					
I hereby claim foreign prio certificate, or 365(a) of an											
America, listed below and h	nave also iden	tified below, by ch	ecking the	box, any foreign	application	for patent or inver	itor's certificate,				
or of any PCT international	application na										
Prior Foreign Application Number(s)	Country	Foreign Fili (MM/DD/		Priorit Not Clair		Certified Cop YES	y Attached? NO				
	!										
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:											
I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY)											
60/216,603			/07/2000		Additional provisional application						
					numbers are listed on a						
					supplemental priority data sheet PTO/SB/028 attached hereto.						
		<u>.</u>									

(Page 1 of 3)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.





PTO/SB/01 (12-97)
Approved for use through 9/30/00.OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

between the ming date of the prior application and the national of PCT international ming date of this application.												
II S. Parent Application or BCT Parent Number						Parent Filing Date (MM/DD/YYYY)				Parent Patent Number		
U.S. Parent Application or PCT Parent Number						(14)	ו /טט/וויוי	111)		(п ар	pplicable)	
						_						
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.												
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:												
OR Number Bar												
Registered practitioner(s) name/registration number listed below												
Name			Registration Number				Name					egistration Number
•	laine		Number			_		Nam	-			Number
											<u> </u>	
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.												
Direct all correspo	ondence	to: Custom	er Num	ber						_		
Direct all correspondence to: Customer Number or Bar Code Label 021971 OR Correspondence address below												
Name	Micha	el J. Murphy										
Address	Wilso	n Sonsini Goodrich & Rosati										
Address	650 P	Page Mill Road										
City	Palo A	Alto State CA ZIP 94304-1050										
Country	U.S.	Telephone 650-493-9300 Fax 650-493-6811										
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are												
believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the												
application or any patent issued thereon.												
Name of Sole or First Inventor:									entor			
Given Name (first and middle (if any) Family Name or Surname												
Steven C. / / / /						Selbrede						
Inventor's Signature Date 8/0/6,									nlo,			
R sidence: City San Jose		St	State CA			Country		US		ship	US	
Post Office Addre	ess	95 LaQuinta Drive										
Post Office Addre	ess											
City		San Joses	St	ate	CA		ZIP	95	127	Countr	v	US



Please Type a plus sign (+) inside this box

PTO/SB/02A (3-97)
Approved for use through 9/30/98,OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Pag 3 of 3

Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor								
Given Name (first and middle (if any)				Family Name or Surname								
Neil M.				Mackie								
Inventor's Signature	New	<u> </u>					Date	B/Z	10/51			
Residence: City	Fremont	State	CA		Country		US	Citizenship		UK		
Post Office Address	36031 Magellan Drive											
Post Office Address												
City	Fremont	State	CA		ZIP		94536	Country		US		
Name of Additional Joint Inventor, if any:							inventor					
Given Name	(first and middle (if	fany)		Family Name or Surname								
	Martin L.				Zucker							
Inventor's Signature	trauts 7	eh	Date 8/27/61									
City	Orinda	State	CA	١	Country	Country US		Citizenship		US		
Post Office Address	15 Beaconsfield Court											
Post Office Address	iress											
City	Orinda	State	CA	١	ZIP		94563	Country		US		
Name of Additional		A petition has been filed for this unsigned inventor										
Given Name (first and middle (if any)				Family Name or Surname								
Inventor's Signature						Date						
City		State			Country		Citizenship					
Post Office Address				_	, <u></u>							
Post Office Address		,										
City		State			ZIP			Country				

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

(Page 3 of 3)